



**INITIAL REPORTS ON
CHILD ABUSE AND NEGLECT FROM
THE U.S. ARMY CENTRAL REGISTRY
(1975-1995)**



Analysis Conducted by the Family Violence and Trauma Project
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10 December 1996

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12a. DISTRIBUTION/AVAILABILITY STATEMENT Distribution Unlimited				12b. DISTRIBUTION CODE	
13. ABSTRACT (Maximum 200 words) This report is an analysis of the total number of child abuse and neglect cases that have been recorded in the Army Central Registry between 1975-1995. The following types of case data are reported: source of referral, demographic characteristics of the victim and offender, location of victim residence and where the incident occurred, the relationship of the victim to the offender, the offender's history of violence and abuse, substance abuse involvement of the victim and the offender, and the military and civil actions that had occurred at the time the case was reported. There are 52,041 initial substantiated cases, 3,166 subsequent incidents, and 2,082 re-opened cases. For the initial substantiated incidents, 61% of the offenders were active duty, 50% of the victims were male. The most frequently reported types of maltreatment were neglect (43.9%) and minor physical injury (37.5%). Major physical injury was reported 4.9%, sexual abuse in 12%, and emotional maltreatment in 7.1%. Evidence of a strong association with substance abuse of offenders was not present in the data, but approximately 21% of the cases listed "Uninown" for the substance involvement. Further comparisons are made between the three types of reports.					
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Department of Psychiatry.***

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Analyses of Reports of Child Abuse from the U.S. Army Central Registry (1975-1995)

EXECUTIVE SUMMARY

The Army Central Registry. This report is an analysis of the total number of child abuse and neglect cases that have been recorded in the Army Central Registry (ACR), a centralized, confidential data base and source of training in the reporting of spouse and child abuse cases maintained by the Family Advocacy Support Section, Customer Service Division/Patient Administration and Biostatistics Activities (PASBA), Fort Sam Houston, Texas.

Types of Case Data Recorded. The ACR records the source of case referral, the demographic characteristics of the victim and offender, the type of maltreatment, substance involvement of victim and offender, location of victim residence and where the incident occurred. The relationship of the offender to the victim, the offender's history of violence, and the military and civil actions that occur as a result of the case are also recorded.

Distribution of Initial, Subsequent, and Re-opened Cases. There are 52,041 initial reports of child abuse and neglect in the ACR from 1975-1995. Although this report is on all the cases in the ACR, rates of abuse and neglect were calculated only from 1989-1995. Data prior to 1989 are considered less reliable. The cases which occurred prior to 1989 (24,710) made up approximately 47.5% of the total number of cases. From 1989 to 1995, there were 27,331 initial substantiated cases of child abuse and neglect, or an average of about 3,900 cases per year. There were 3,166 subsequent incidents (or 6% of the initially substantiated cases) and 2,082 re-opened cases (4% of the initially substantiated cases). A complete tabulation of the comparisons of the percentages of initial substantiated, subsequent incidents, and re-opened cases is presented in the Appendix of this report.

Initial Substantiated Incidents

- **Military: Civilian.** 61% of the offenders were active duty Army members, 38% were civilians.
- **Sex.** Victims were evenly divided by sex (50.2% males and 49.8% females).
- **Types of Maltreatment.** The most frequently reported categories of child maltreatment were neglect (43.9%) and minor physical abuse (37.5%). In 1995:
 - Major physical injury affected primarily infants (age less than one year). This group had a rate of 134/100,000, about six times greater than that of the next age group, 1-4 years. The rate in this group was about 22/100,000 children.
 - The rate of minor physical injury was constant for children up to age 4, but then increased slightly up to age 17, from about 200 per 100,000 Army children to about 300 per 100,000 Army children.
 - Sexual maltreatment affected primarily children between the ages of 1-14. The rates for female children were from 2.5 to 4.8 times higher than the rates for male children.
 - The rates for neglect cases were highest for infants and declined steadily with age.
 - The rates for emotional abuse were similar for all age groups, but the frequency of emotional abuse cases was much higher for male children than for female children of ages 1-4.
- **Referral Sources.** The major sources of initial referral were law enforcement (22.8%), civilian social services (20.8%), and medical/dental (18.3%).
- **Races of Victim.** More whites than blacks were victims. However, the percentages of black victims compared to the percentage of white victims was greater than would be expected compared to the percentages of white and black soldiers in the Army. The percentage of white victims was 56.6%; the percentage of black victims was 33.4%. The percentage of white soldiers in the Army was about 62% in 1995 and the percentage of black soldiers was 27%.
- **Races of Offenders.** More whites than blacks were offenders. However, as was the case with the victims, the percentages of white offenders was less than would be expected compared to the percentage of white soldiers in the Army. Conversely, the percentage of black offenders was greater than would be expected compared to the percentage of black soldiers in the Army. The percentage of white offenders was 56.4% and the percentage of black offenders was 33.1%. The percentage of white soldiers in the married Army in 1995 was about 61% and the percentage of black soldiers was about 28%.

Substance Abuse. Evidence of a strong association with substance abuse of offenders was not present in the data base. However, it should be noted that approximately 20.6% of cases listed "Unknown" for substance involvement of the offender.

- **Treatment of Victims.** Approximately 89.7% of the cases received social service treatment. This type of treatment is usually social work counseling of some type, either group or individual treatment. Outpatient medical treatment was provided in about 28% of the cases and inpatient medical treatment was given in about 5.3%.
- **Trends, Frequencies, and Rates.** The following trends were noted for case frequencies and rates:
 - The number of cases decreased from 1991 to 1995.
 - The size of the Army and the number of children of Army personnel also decreased from 1989 to 1995. The rates of child abuse and neglect rates remained relatively constant from 1989 to 1994 (between 7.2 and 7.6 per 1,000 children), but in 1995, there was a marked drop in the rate, from about 7.4 in 1994 to about 6.5 per 1,000.

Subsequent Incidents

There were 3,166 subsequent incidents (see Glossary) of child abuse or neglect. When the findings of the subsequent incidents were compared to the initial substantiated incidents, there were very few differences. Only those differences are reported here.

- ◆ Minor physical abuse declined from initial substantiated incidents (37.5%) to subsequent incidents (27.7%).
- ◆ Sexual abuse also declined from initial substantiated incidents (12%) to subsequent incidents (7.2%).
- ◆ The percentage of neglect cases increased in the subsequent incidents (54.1%) compared to the number of in the reports of initial incidents (43.9%).
- ◆ Emotional maltreatment also increased from initial substantiated incidents (7.1%) to subsequent incidents (10.8%).
- ◆ The number of reported fatalities was 135. This number represented 0.25% of the initially substantiated incidents.
- ◆ Offenders in initial substantiated incidents were active duty Army members in 60% and 38% were civilians. In the reports of subsequent incidents, 53% of the offenders were Army members and 45% were civilians.
- ◆ The number of white victims increased slightly from initial substantiated incidents (56.6%) to subsequent incidents (60.1%) and re-opened cases (60.6%).
- ◆ The number of black victims decreased slightly from initial substantiated cases (33.4%) to subsequent incidents (30.3%) and re-opened cases (28.9%).
- ◆ The number of white offenders increased from about 56.4% (initial incidents) to about 60.6% in the subsequent incidents.
- ◆ The number of black offenders decreased from 33.1% (initial incidents) to about 29.8% in the subsequent incidents.
- ◆ The type of treatment showed an increase in inpatient medical treatment from initial substantiated incidents (5.3%) to subsequent incidents (8.9%), but the percentage decreased again in re-opened cases (4.0%).

Re-Opened Cases

There were 2,082 re-opened cases (cases which had been previously treated and closed), 4% of total initial substantiated incidents. When the characteristics of re-opened cases were compared to the subsequent incidents, there were very few differences in the results. Only those differences are reported here.

- The percentage of medical/dental referrals declined from 18.2% (subsequent incidents) to 13.3%.
- The category of "Separated or divorced" marital status of offenders increased from initial incidents (7.4%), subsequent incidents (8.8%), and re-opened cases (10.7%).
- The percentage of inpatient treatment provided to child abuse and neglect victims decreased to 4.0% after rising to 8.9% for subsequent incidents. (The inpatient treatment rate for initial substantiated incidents was 5.3%.)

Conclusions

The rate of the reported cases of child abuse and neglect has remained within relatively tight boundaries (between 7.2 and 7.6 cases per 1,000 children) from 1989 to 1994, but in 1995, there was a marked drop in the rate, from about 7.4 per 1,000 in 1994 to about 6.5 per 1,000 in 1995. It will be important to determine whether this decrease was due to chance or was the result of clinical interventions, prevention programs, or changes in the structure of the Army.

The rate of subsequent incidents has increased from 1989 to 1995 while the rate of re-opened cases has remained relatively steady. The reasons for this increase are unknown, but may have implications for case identification, treatment and, especially, prevention.

The over-representation of the black race in terms of both victims and offenders in the ACR requires exploration and explanation. Without some understanding of the meaning of these data, prevention and intervention programs are likely to be less helpful than they would be if more were known about this phenomenon.

Another demographic variable that requires some exploration is that of the increased number of separated and divorced offenders in the subsequent incidents and re-opened cases. This finding could have implications for law enforcement and other agencies responsible for the protection of children.

Why is the percentage of unknown substance abuse involvement so high? Alcohol is frequently cited as a contributing cause of abuse, but with so much information missing, it is hard to associate substance involvement with the nature of offenses.

Incidents tend to be reported as occurring on-post more often than off-post, but the difference was not great (55:45%). It will be important to determine if there is a difference in the type of incident that is reported on either location or whether there are other characteristics associated with on-post as opposed to off-post incidents.

The main type of treatment provided to victims was social work counseling. However, the amount of inpatient treatment provided to children suggests that these children have been severely harmed. The increase in the requirement for inpatient treatment from initial incidents (about 5.3%) to subsequent incidents (about 8.9%) is consistent with beliefs about such behavior, that subsequent incidents of abuse are more severe. For re-opened cases (about 4.0%), the percentage requiring inpatient treatment was about the same as that reported for initial cases (about 5.3%).

Limitations of the Data. These analyses were conducted only on the cases of child abuse and neglect that have been entered into the ACR. They do not represent an assessment of the extent of these problems in the Army. In addition, there are limitations on the data in the ACR.

First, the registry has been an evolving system since it was first instituted. Changes in report forms, regulatory requirements, and systems development enabled the ACR to have its own data entry and quality assurance system to check the accuracy of case information and data coding. Beginning with 1989, confidence in the report data is more reliable than prior to that time. Therefore, the rates of abuse presented in this report are only from 1989-1995.

Second, in spite of the careful checks performed by the staff of the ACR, errors still occur and often cannot be explained or, in some cases, even discovered. To a certain extent, these limitations are shared by all data bases in which case information is incomplete or incorrectly recorded. These problems result in missing data.

Third, the ACR is an administrative data base, victim-based, and was not designed for research purposes. This poses limitations on the types of data that have been entered, but, more importantly, makes it more subject to clinical judgment than information collected in a research data base.

Future Plans for Additional Analyses. As additional data are available, more analyses will be accomplished. This report is intended to be an overview of the ACR data up to 1995. Some subgroup analyses are performed, but many more need to be done in the future. As other data (such as health, substance abuse, personnel, and law enforcement) are available for comparison with ACR data, cross-comparisons will be made where possible.

Analyses of Reports of Child Abuse from the U.S. Army Central Registry (1975-1995)

INTRODUCTION

Purpose of Report. This report contains analyses of the child abuse and neglect cases that have been recorded in the Army Central Registry (ACR). The purpose of this report is to present an overview of the data reported in the ACR for all child victims for the years in which a registry of such cases has been in existence, 1975-1995. As additional data are available, more analyses will be accomplished. As other data (such as health, substance abuse, personnel, and law enforcement) are available for comparison with ACR data, cross-comparisons will be made, where possible.

Types of Cases. Incidents of child abuse or neglect may come to the attention of military authorities from a variety of military and civilian sources. When such incidents are reported, they are reviewed by a Case Review Committee (see Glossary) that functions under the supervision of the medical treatment facility commander for that installation. Incidents of child abuse and neglect may be categorized as initial cases, subsequent cases and re-opened cases (see Glossary). Findings from these three types of cases are presented separately in this report.

Authority for and Maintenance of the Data Base. The ACR is a centralized, confidential data base maintained by the Family Advocacy Support Section, Custom Service Division/Patient Administration and Biostatistics Activities (PASBA), Fort Sam Houston, Texas. The purpose of the ACR is to assist in the early identification, verification, and retrieval of reported cases of spouse and child abuse and neglect. The authority for this data base and for the Army Family Advocacy Program is Army Regulation 608-18, dated 30 September 1995. Information is reported on a Department of Defense form (DD Form 2486), Child/Spouse Abuse Incident Report, from each installation that maintains a family advocacy program. The DD Form 2486 is the sole source of data for the ACR. The Case Review Committee (CRC) chair submits a DD Form 2486 for every report of child abuse and neglect. A DD Form 2486 is also submitted in other circumstances, such as when a family transfers from one post to another. Data provided on the DD Form 2486 are carefully examined for errors and cross-checked with other sources of data for validity at the ACR. When necessary, those who submit the data from the field are asked to make corrections to insure that the data are correct.

Major Types of Data Collected. The major findings of rates of abuse from 1989-1995 are presented in Figures 10. The years 1989-1995 will be emphasized in interpretations of the trends in child abuse and neglect data. The information on the DD Form 2486 includes, but is not limited to, the type of maltreatment, the source of case referral, the demographic characteristics of the victim and offender, substance involvement of victim and offender, location of victim residence and where the incident occurred. The relationship of the offender to the victim, the offender's history of violence, and the military and civil actions that occur as a result of the case are also recorded.

INITIAL SUBSTANTIATED INCIDENTS

Sources of Referral to Family Advocacy. Cases were referred to family advocacy from a variety of sources, both military and civilian including neighbors, friends, relatives. Victims and offenders can also self-refer for treatment. The distribution of these sources is shown in Table 1. Most of the cases were referred from law enforcement (22.8%), civilian social services (20.8%), medical or dental (18.3%), and child care (11.8%).

Table 1. Source of Child Abuse Referrals

<u>Source of Referral</u>	<u>Number of Reports of Referral Source</u>	<u>Percentage of Initial Referrals</u>
Law enforcement	11,374	22.8
Civilian social services	10,355	20.8
Medical and dental	9,139	18.3
Child care/school/rec center	5,876	11.8
Neighbor/friend	4,422	8.9
Other	4,850	9.7

VICTIMS

Type of Maltreatment. Initial maltreatment reports were of five different types: major physical abuse, minor physical abuse, sexual maltreatment, deprivation of necessities (neglect), and emotional maltreatment. Each victim of maltreatment could be counted in more than one category, minor physical abuse and sexual maltreatment, for example. Therefore, when each type of maltreatment was counted as a single event, the total number of maltreatments was 54,862. The total number of victims was 52,041.

Table 2 gives the number of reports of each type of maltreatment and the percentage of the total number of victims (see *note). If major and minor physical abuse are combined into one category, and compared to the neglect category, the two are approximately equal in numbers of cases.

Table 2. Types of Child Maltreatment Cases

<u>Type of Maltreatment</u>	<u>Number of Reports of Type of Maltreatment</u>	<u>Percentage of Total Cases*</u>
Major physical abuse	2,559	4.9
Minor physical abuse	19,538	37.5
Sexual maltreatment	6,242	12.0
Deprivation of necessities	22,839	43.9
Emotional maltreatment	3,684	7.1

*The total of these percentages adds to more than 100% because each type of maltreatment is compared to the number of cases, not the total number of incidents of each type of maltreatment. For example, the 2,559 cases of major physical abuse represent 4.9% of all the child victims reported (52,041). Since a victim could have more than one type of abuse recorded, the proportion of cases with each type of abuse appeared to be a more reasonable figure to report than the type of abuse as a percentage of the total number of abuse incidents.

Age. The ages of all child abuse and neglect victims were recorded up to age 18. The age group of 5 to 11 included the largest number of children. The age groups of 1 to 4 and 5 to 11 make up 76.2% of all age groups. By age 12, 87.5% of all child victims had been included (see Table 3).

Table 3. Ages of Child Victims

<u>Victim Age Group</u>	<u>Number of Cases</u>	<u>Percentage of Total</u>
<1	5,722	11.3
1-4	19,225	36.9
5-11	20,450	39.3
12-14	4,387	8.4
15-17	2,075	4.0

Age group by type of abuse for 1995. Due to the amount of data by age, sex, and type of maltreatment, each type of maltreatment is presented **for 1995 only**. (The data for the years immediately preceding 1995 are very similar.) The types of maltreatment (major physical abuse, minor physical abuse, sexual maltreatment, deprivation of necessities (neglect), and emotional abuse are plotted several ways to illustrate the nature of the distributions.

Age groups. For this report, the ages of the victims were grouped arbitrarily into the following categories: infants (less than one year), small children (1-4), older children (5-11), pre- and early teens (12-14), and older teenagers (15-17). The registry does not count child victims above age 17.

Type of graphs presented. Each type of maltreatment is first plotted by frequency (the number of cases). The second graph for each type of maltreatment is a plot of age group and sex. The third type of graph shows the rates per 100,000 Army children (males and females combined). The same population base is used for each type of maltreatment.

Major physical abuse. The highest frequency of major physical injury is for small children (Figure 1). The number of cases for male and female children is shown in Figure 1a; the difference between them is not great. Figure 1b shows the very high rate of major physical injury for infants.

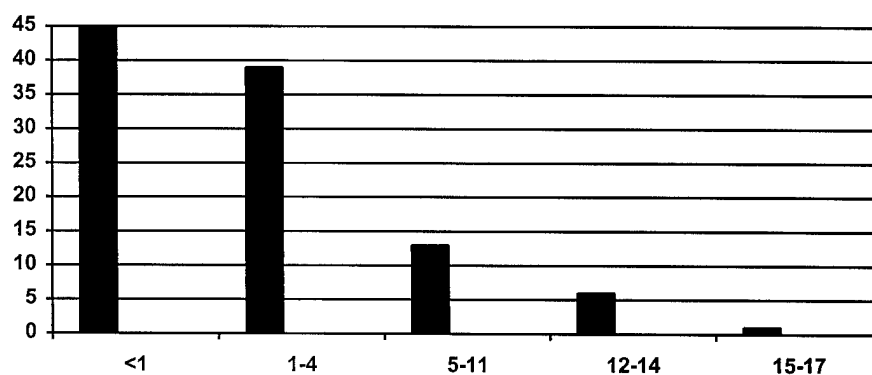


Figure 1. Frequency of Major Physical Injury by Age Group, 1995.

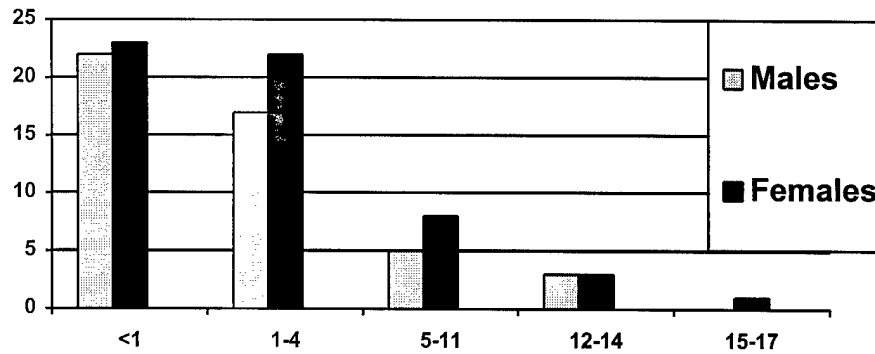


Figure 1a. Frequency of Major Physical Injury by Age Group and Sex, 1995.

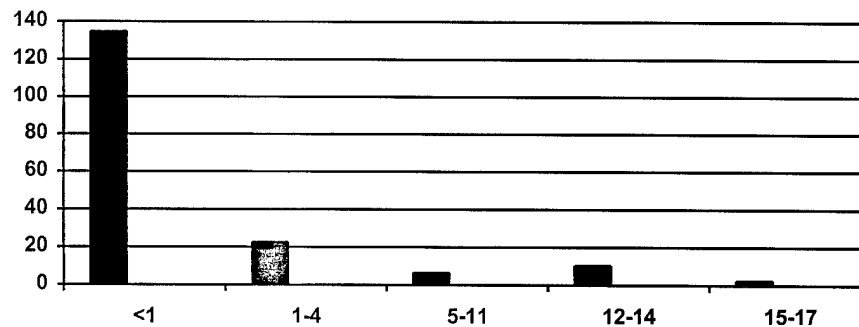


Figure 1b. Rate per 100,000 Army Children of Major Physical Injury by Age Group, 1995.

Minor physical injury. Most cases of minor physical injury are in the age group of 5-11 (Figure 2). There are more minor physical injury cases for male children than for females at the younger age groups, but this changes for children of ages 12 and older (Figure 2a). The rates of minor physical injury are level for the children up to age 4, but then increase slightly up to age 17 (Figure 2b).

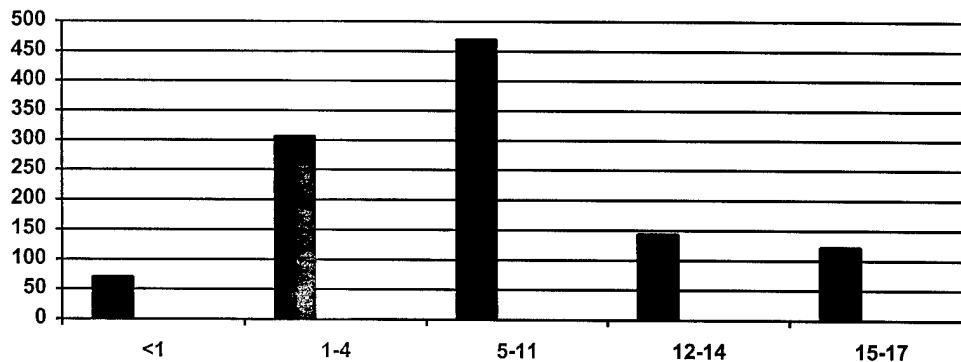


Figure 2. Frequency of Minor Abuse by Age Group, 1995.

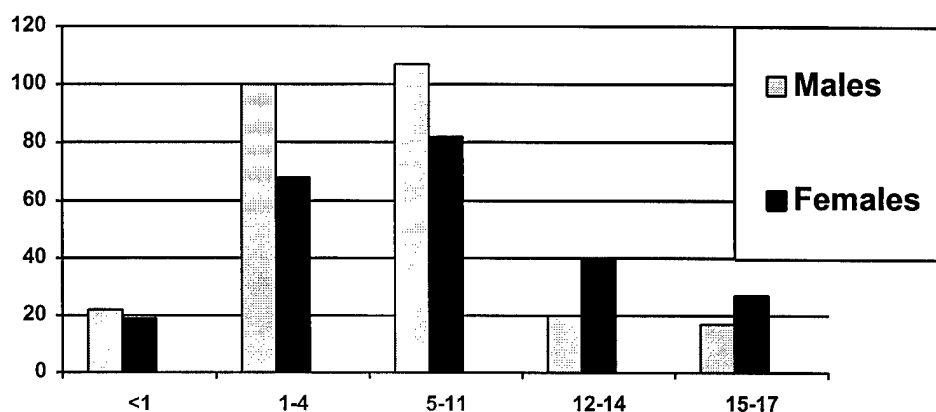


Figure 2a. Frequency of Minor Abuse by Age Group and Sex, 1995.

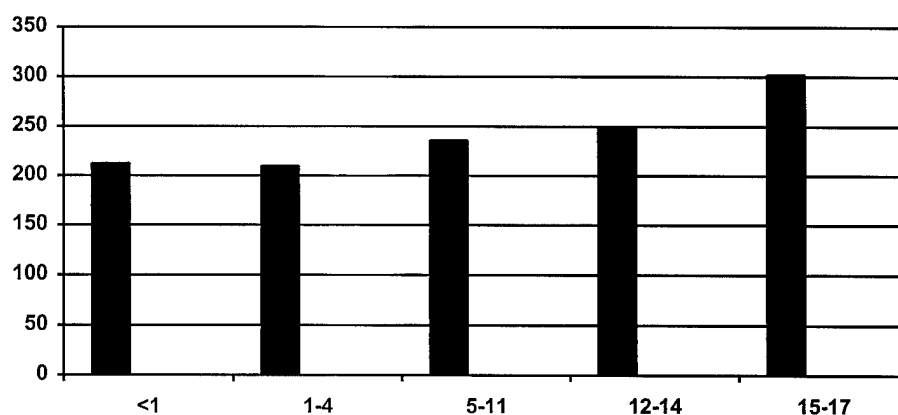


Figure 2b. Rate per 100,000 Army Children of Minor Physical Abuse by Age Group.

Sexual maltreatment. The largest frequency of sexual maltreatment cases was in the 5-11 year old category (Figure 3). Female children were the victims at a much higher level than the males (Figure 3a). When rates are compared by age group (Figure 3b), the highest rates were in the 12-14 year age group.

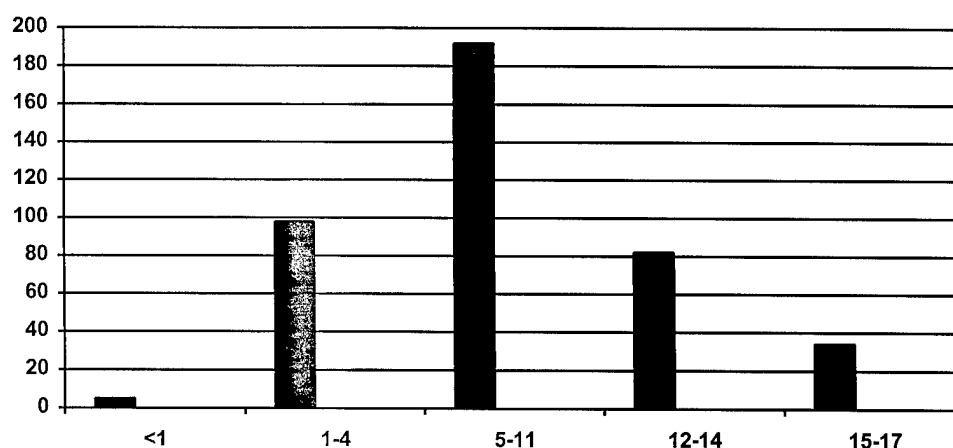


Figure 3. Frequency of Sexual Maltreatment by Age Group, 1995.

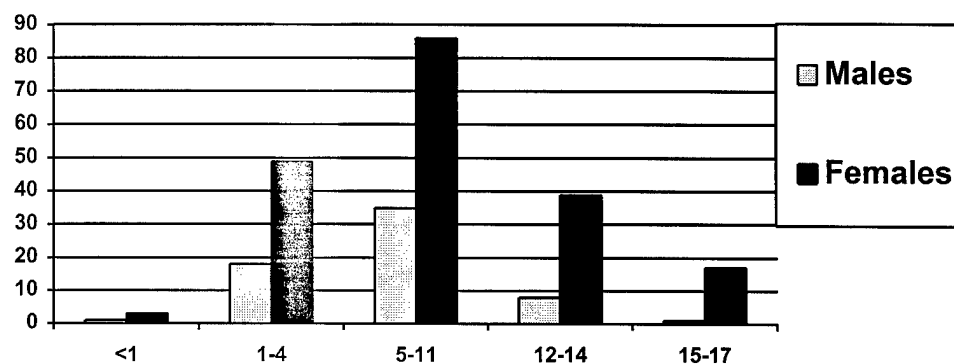


Figure 3a. Frequency of Sexual Maltreatment by Age Group and Sex, 1995.

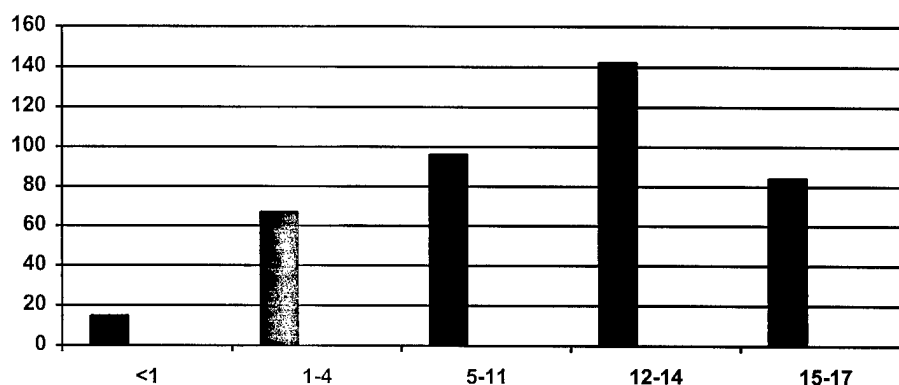


Figure 3b. Rate per 100,000 Army Children of Sexual Maltreatment by Age Group, 1995.

Deprivation of necessities (neglect). The highest number of neglect cases were in the age group 1-4 (Figure 4). Male children outnumbered female children in the number of cases (Figure 4a), but the rates per 100,000 children were highest at the younger age groups and declined as age increased (Figure 4b).

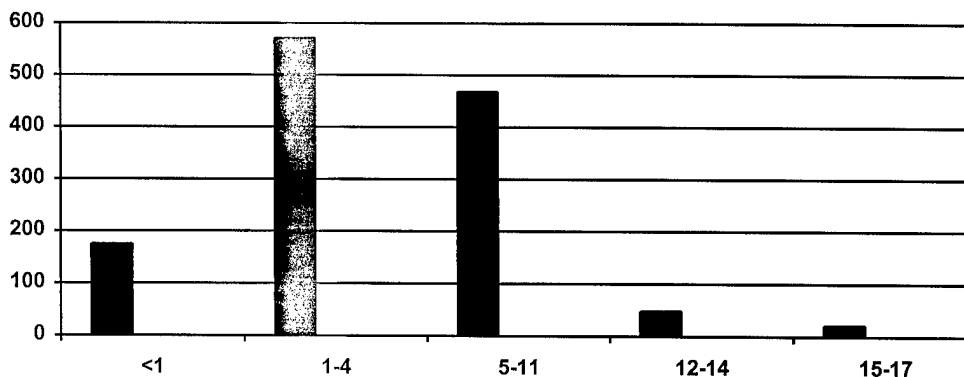


Figure 4. Frequency of Neglect Cases by Age Group, 1995.

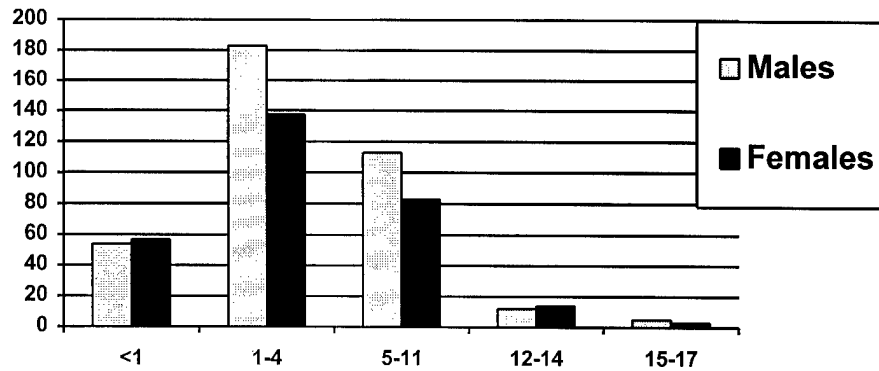


Figure 4a. Frequency of Neglect Cases by Age Group and Sex, 1995.

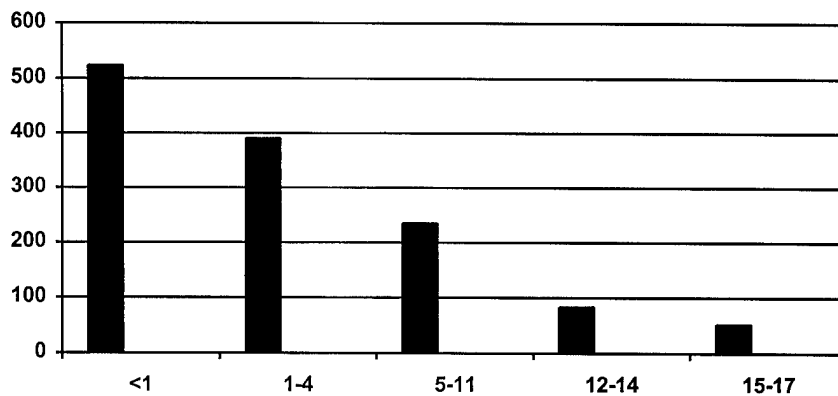


Figure 4b. Rate per 100,000 Army Children of Neglect Cases by Age Group, 1995.

Emotional abuse. The number of emotional abuse cases was greatest in the 5-11 year age group (Figure 5), with male children having a higher frequency up through age 4 (Figure 5a) after which the frequencies for females were higher. The rates per 100,000 children were highest in the 1-4 year old age group and then declined steadily (Figure 5b).

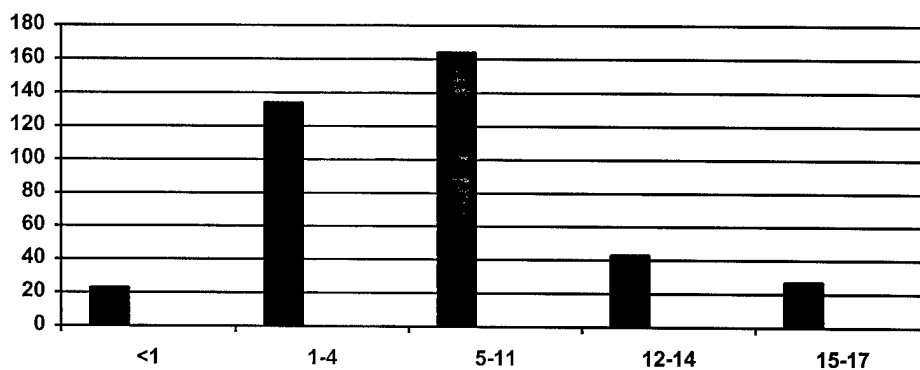


Figure 5. Frequency of Emotional Abuse Cases by Age Group, 1995.

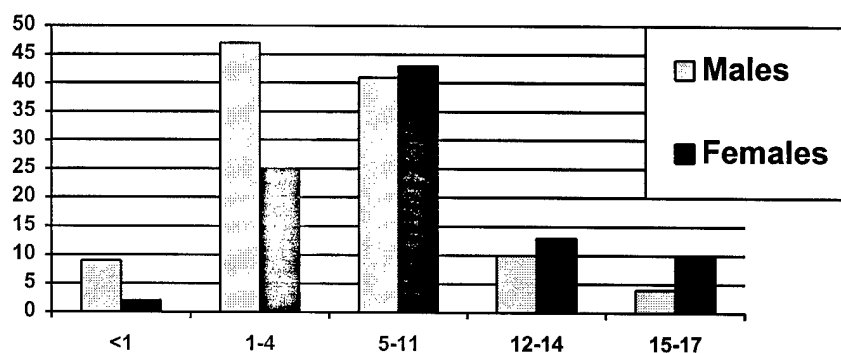


Figure 5a. Frequency of Emotional Abuse Cases by Age Group and Sex, 1995.

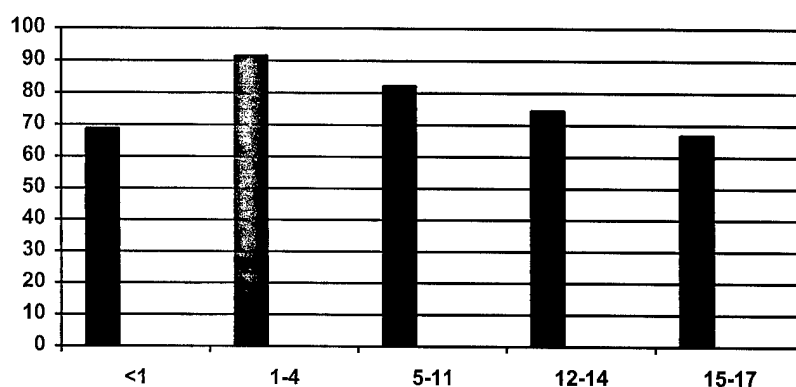


Figure 5b. Rate per 100,000 Army Children of Emotional Abuse Cases by Age Group, 1995.

Race. Victim race was recorded in five categories (see Table 4). Whites were the most prevalent category, representing approximately 56.6% of the victims. Racial and ethnic data are hard to obtain on Army family members, but since families generally mirror the race of the sponsor, the percentage of each racial group of married soldiers may be used as an estimate of the percentage of family members of the same ethnic background. Using this analogy, whites were under-represented compared to their numbers in the married Army (approximately 60.7% in 1995). Blacks (27.9%), Hispanics (5.4%), and Asians/Pacific Islanders (2.0%) were relatively over-represented compared to their representation in the married Army. The category of American Indians and Alaskan Natives were about the same as the percentage in the married Army (0.6%).

Table 4. Race of Child Victims

<u>Victim Race</u>	<u>Number of cases</u>	<u>Percentage of total</u>	<u>Percentage of each Racial Group in Married Army</u>
White	29,008	56.6	60.7
Black	17,115	33.4	27.9
Hispanic	3,279	6.4	5.4
Asian/Pacific Islander	1,630	3.2	2.0
American Indian/Alaskan Native	248	0.5	0.6

Type of Abuse by Race of Victims. The frequencies of type of abuse are shown in Figure 6. Only white and black racial groups are compared since the numbers of cases for the other racial groups are very small in comparison.

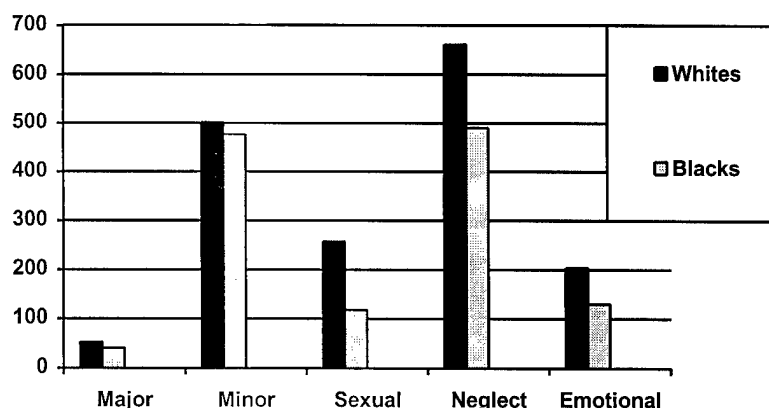


Figure 6. Type of Abuse by Race of Victims for White and Black Groups Only.

Rates of Abuse by Race. The number of soldiers with children by racial group is not currently available. Thus it is not possible at this time to compare the rates of abuse by racial group.

Sex. For all types of abuse, victims were evenly divided by sex: 50.2% males and 49.8% females.

Residence of Victim and Location of Incident. The number of victims whose residence was on-post was 53.1% compared to 46.9% who resided off-post. The location of the incidents was similar to the location of residence, 54.8% on-post and 45.2% off-post.

Treatment of Victims. The major type of treatment provided was social services (about 90%). Medical treatment was required in about 33% of the cases. Approximately 28% of the victims required outpatient treatment and 5.3% required inpatient treatment (See Table 5).

Table 5. Types of Treatment Provided to Child Abuse Victims

<u>Type of Treatment</u>	<u>Number of Cases</u>	<u>Percentage of Total Cases*</u>
Social services	46,661	89.7
Medical outpatient	14,577	28.0
Medical inpatient	2,738	5.3

*The total of these percentages adds to more than 100% because each type of treatment is compared to the number of cases, not the total number of types of treatment. For example, the 46,661 instances of social services treatment cases represent 89.7% of the total number of child abuse and neglect victims (52,014).

OFFENDERS

Offender Age. Approximately 76% of the offenders were between the ages of 22-36. About twelve percent (12%) were above and below the 22-36 year age group. The age distribution of child abuse and neglect offenders is shown in Table 6.

Table 6. Age Distribution of Child Abuse and Neglect Offenders

<u>Offender Age Group</u>	<u>Number of Cases</u>	<u>Percentage of Total</u>
3-11	144	0.5
12-14	398	1.3
15-17	373	1.2
18-21	2,782	9.1
22-26	9,025	29.4
27-31	8,500	27.7
32-36	5,942	19.4
37-41	2,610	8.5
42-46	658	2.1
47-51	109	0.4
52-65	73	0.2

Offender Race. The race of the offenders is presented in Table 7. The distribution is similar that of the child victims which is reported in Table 4.

Table 7. Child Abuse Offender Race

<u>Offender Race</u>	<u>Number of Cases</u>	<u>Percentage of Total</u>
White	28,072	56.4
Black	16,479	33.1
Hispanic	3,200	6.4
Asian/Pacific Islander	1,763	3.5
American Indian/Alaskan Native	299	0.6

Offender Sex. The majority of the offenders were evenly distributed between males and females (58.9 - 41.1%).

Multiple Offenders. Most of the instances of child abuse and neglect (91%) occurred as the result of the action of only one offender. There were 29 cases in which there was one additional offender.

Relationship of Offenders to Victims. Offenders were grouped into intrafamilial and extrafamilial relationships. The offenders were in an intrafamilial relationship to the victims. Parents, both natural (75.2%) and step/adoptive parents (14.2%), accounted for

about 90% of the cases. The remaining 10.6% were from other or extrafamilial sources. For example, 3.2% were neighbors, friends, or acquaintances.

Marital Status of Offenders. About eighty-five percent (84.7%) of the offenders were married, 7.7% were single, and 7.4% were divorced or separated.

Offender Substance Abuse. Substance abuse by the offender was not commonly reported into the data base. As Table 8 shows, the number of cases in which substance abuse was unknown leaves a wide range, 20.6% of the total. However, "No involvement" was documented in 70.8% of the cases.

Table 8. Child Abuse Offender Substance Involvement

<u>Offender Substance Abuse Involvement</u>	<u>Number of Cases</u>	<u>Percentage of Total</u>
Alcohol	3,590	7.2
Drugs	422	0.8
Alcohol and drugs	330	0.7
Unknown	10,376	20.6
No involvement	35,670	70.8

Offender History of Violence and Abuse. There were seven historical categories in which prior history was recorded (see Table 9). Some history of violence or abuse was obtained in about 69% of the cases. Since more than one category of abuse history could be recorded for each individual, the total is greater than the number of cases of abuse and neglect.

Table 9. Offender History of Violence and Abuse

<u>Category of Violence History and Abuse</u>	<u>Number of Cases</u>	<u>Percentage of All Reports</u>	<u>Percentage of Cases Reporting*</u>
Previously referred to alcohol rehabilitation program	2,124	5.5	5.9
Involvement in previously established case of spouse abuse	3,535	9.2	9.8
Involvement in previously established case of child abuse	2,930	7.6	8.2
Previously referred to drug rehabilitation program	234	0.6	0.6

Table 9. Offender History of Violence and Abuse (cont'd.)

<u>Category of Violence History and Abuse</u>	<u>Number of Cases</u>	<u>Percentage of All Reports</u>	<u>Percentage of Cases Reporting*</u>
Offender previously abused as child	2,041	5.3	5.7
Previous abuse history unknown	11,942	41.5	44.4

*The total of these percentages add to more than 100% because each item of history is compared to the total number of reports of history. Since each offender could have more than one category of abuse history, the total number of cases (38,409) was greater than the number of reports (35,932).

Military and Civilian Actions following Incidents of Child Abuse and Neglect

Both military and civilian consequences were reported for the child abuse and neglect incidents. Table 10 provides the summary of military and civilian actions resulting from the aggregated cases. (Military administrative action has no corresponding civilian category.) Of the total number of reports: 63% resulted in military actions and 37% in civilian actions.

Table 10. Military and Civilian Action following Child Abuse Cases

<u>Action involved</u>	<u>Number of military actions</u>	<u>Percentage of total military actions</u>	<u>Number of civilian actions</u>	<u>Percentage of total civilian actions</u>
Medical	24,974	33.2	3,940	11.0
Family services	31,035	41.3	21,602	60.2
Police investigation	14,773	19.7	6,858	19.1
Court involvement	1,515	2.0	3,492	9.7
Military Administrative action	2,823	3.8	NA	NA

FREQUENCIES AND RATES OF ABUSE AND NEGLECT

Frequencies of U.S. Army Child Abuse and Neglect Cases, 1989-1995. The number of cases of U.S. Army child abuse and neglect cases reported in the ACR database from 1989 to 1995 is shown in Figure 7. The number of cases increased slightly from 1989 to 1991 and then decreased from 1991 to 1995.

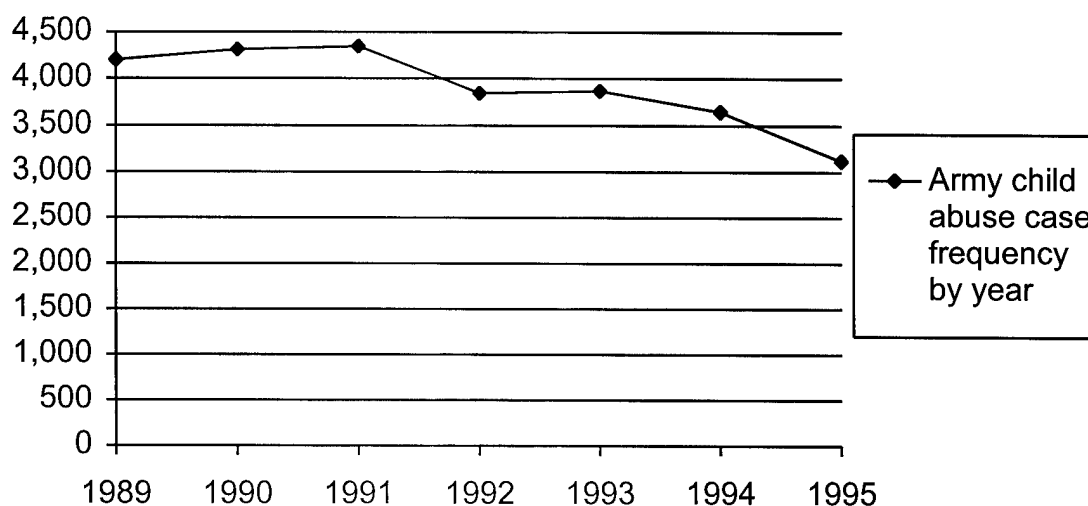


Figure 7. Frequency of Child Abuse Cases by Year.

Population of U.S. Army Children, 1989-1995. Figure 8 shows the population of Army child family members from 1989 to 1995. The population of Army children has decreased from 1991 to 1995 as a result of the overall decline of the soldier population.

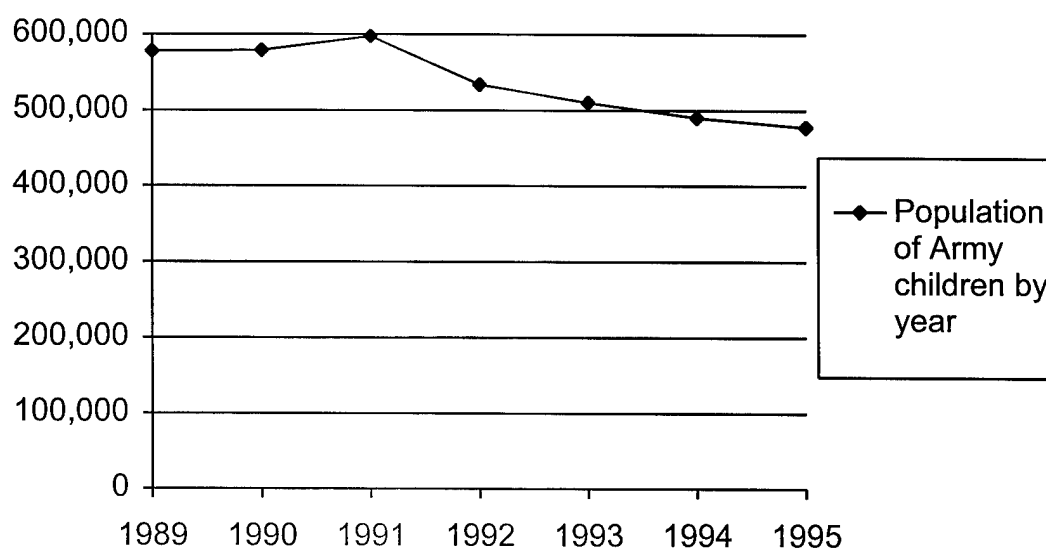


Figure 8. Army Child Population by Year.

Population of U.S. Army, 1989-1995. Figure 9 shows the decrease in the size of the population of the entire Army from 1989 to 1995.

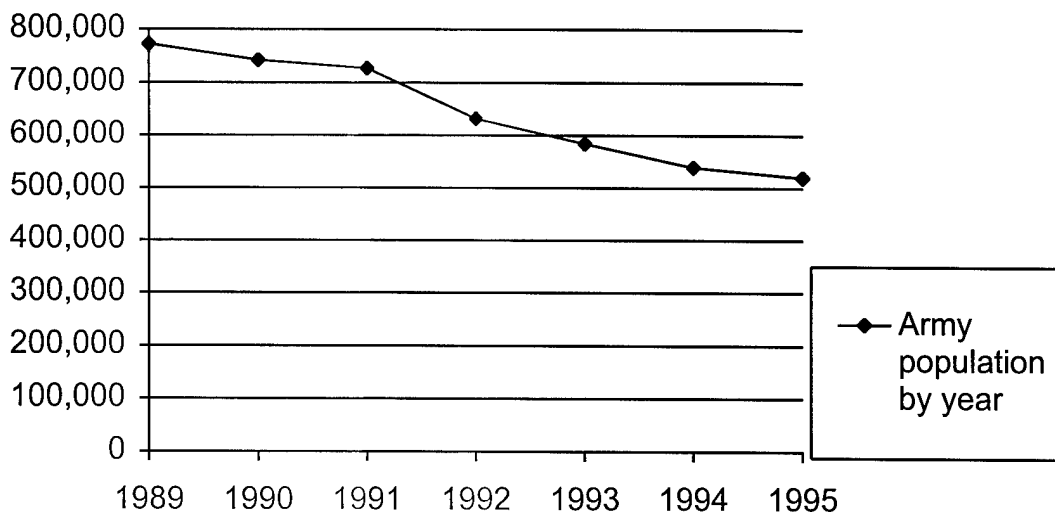


Figure 9. Army Population by Year.

Rates of Child Abuse and Neglect in U.S. Army, 1989-1995. Figure 10 shows the rates of child abuse and neglect per 1,000 Army children from 1989 to 1995. These data indicate a fairly steady rate of cases of abuse and neglect until 1995 when there was a decrease to 6.53 cases/1,000 children compared to the average (approximately 7.6 cases/1,000 children/year) for the years 1989 to 1994.

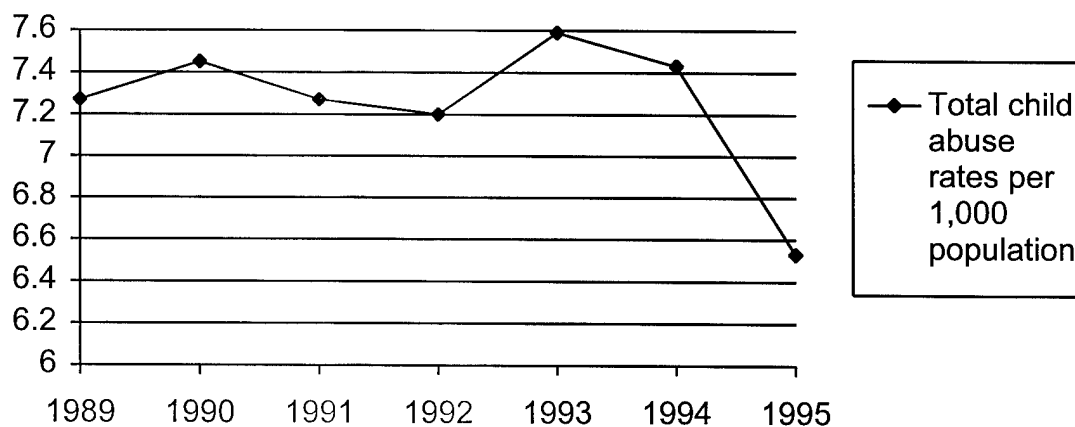


Figure 10. Child Abuse Rates per 1,000 Army Children.

SUBSEQUENT INCIDENTS

There were 3,166 subsequent incidents (cases that occur after an initial substantiated incident and while the case is still open in the Social Work Service of the medical treatment facility) of child abuse or neglect (6% of total initial incidents). When the findings of the subsequent incidents were compared to the initial substantiated incidents, there were very few differences. Only those differences are reported here. (A complete listing of the differences between initial and subsequent incidents and re-opened cases is presented in the Appendix.)

- ◆ The type of maltreatment changed slightly in that there were fewer cases of major physical abuse (from 4.9% to 4.4%), minor physical abuse (from 37.5% to 27.7%), and sexual abuse (from 12% to 7.2%). There were increases in deprivation of necessities (from 43.9% to 54.1%) and emotional maltreatment (from 7.1% to 10.8%). The number of fatalities was 135 (0.25% of the total number of initial substantiated incidents).
- ◆ Fifty-three percent (53%) of subsequent offenders were Army members and 45% were civilians. This was a small decrease in the proportion of military offenders (from 60% to 53%) and an increase in the proportion of civilian offenders (from 38% to 45%).
- ◆ Victim race was slightly changed in the direction of more white victims (from 56.6% to 60.1%) and fewer black victims (33.4% to 30.3%).
- ◆ The race of the offender was also changed in the same direction as the victims. The percentage of white offenders increased from 56.4% to 60.6% and the black offenders decreased from 33.1% to 29.8%.
- ◆ In the area of offender substance abuse involvement, the proportion increased from 20.6% to 28.1% in the "Unknown" category with a corresponding decrease (from 70.8% to 62.3%) in the "No involvement" category.
- ◆ The type of treatment showed a small increase in inpatient medical treatment (from 5.3% to 8.9%). This may suggest that there is a slight increase in the severity of the subsequent incident cases compared to the initial substantiated incidents.

RE-OPENED CASES

- ◆ There were 2,082 re-opened cases (cases which had been previously treated and closed), 4% of total initial substantiated incidents. The following results were found for the types of maltreatment:
 - ◆ Incidents of major physical abuse decreased (3%) compared to initial (4.9%) and subsequent incidents (4.4%).
 - ◆ Sexual maltreatment increased (8.5%) compared to subsequent incidents (7.2%), but both of these figures were lower than that reported for initial substantiated incidents (12%).
 - ◆ Emotional maltreatment (10%) was similar to the figure reported for subsequent incidents (10.8%), but both of these were higher than the proportion reported for the initial substantiated incidents (7.1%).
 - ◆ Minor physical abuse (38.1%) was reported at approximately the same level as that reported for initial incidents (37.5%).
 - ◆ Neglect (47.4%) increased slightly from initial incidents (43.9%).
- ◆ The category of "Separated or divorced" marital status of offenders increased from initial incidents (7.4%), subsequent incidents (8.8%), and re-opened cases (10.7%).
- ◆ The percentage of male offenders decreased from initial incidents (58.9%), subsequent incidents (51.9%) and re-opened cases (51.4%) with a corresponding increase in female offenders.
- ◆ The percentage of inpatient treatment provided to child abuse and neglect victims decreased to 4% after rising to 8.9% for subsequent incidents. (The inpatient treatment percentage for initial substantiated incidents was 5.3%).
- ◆ The percentage of individuals who received outpatient medical treatment for subsequent incidents (29%) and re-opened cases (30%) increased slightly compared to initial cases.

The proportion of subsequent incidents compared to the number of initial substantiated incidents has increased from 1989 to 1995 (see Figure 11) while the proportion of re-opened cases has remained relatively steady. The reasons for this increase are unknown, but may have implications for case identification, treatment and, especially, prevention.

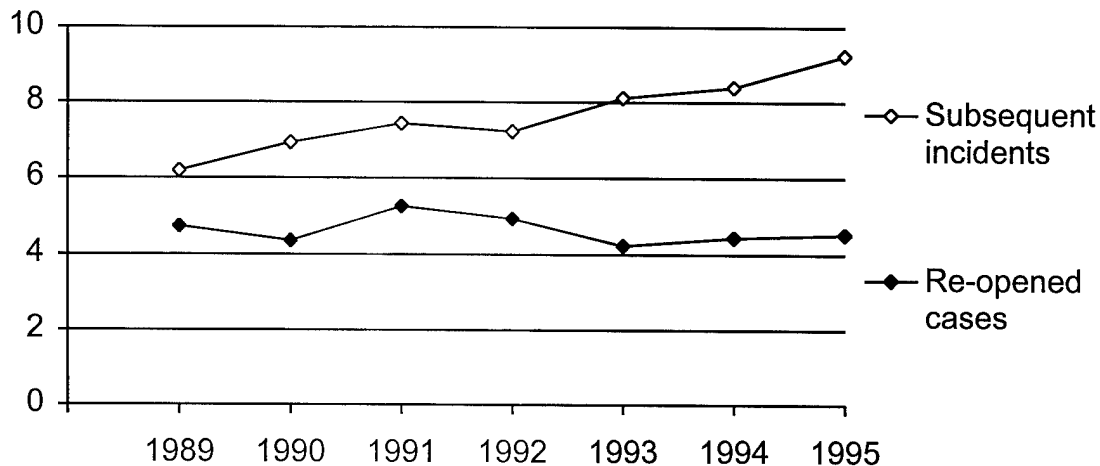


Figure 11. Subsequent Incidents and Re-opened Cases per Year, 1989 to 1995 as Percentage of Initial Substantiated Incidents.

LIMITATIONS OF THE DATA

This report represents only those cases of child abuse and neglect that have been entered into the ACR. It does not represent an assessment of the extent of these problems in the Army. In addition, there are limitations on the data in the ACR.

First, the registry has been an evolving system since it was first instituted in 1975. The reporting requirements and the electronic and human support have improved during this period. It was only in 1989 that the registry obtained its own data entry and quality control system to check the accuracy of case information and data coding. Data are now carefully examined by the ACR staff for errors and, when necessary, additional information is requested from the field to help insure that the data are correct. In spite of the careful checks performed by the staff of the ACR, errors still occur and often cannot be explained or, in some cases, even discovered.

Second, the ACR is an administrative data base, victim-based, and was not designed for research purposes. This poses limitations on the types of data that have been entered. Regardless of the amount of checking that can be done, the accuracy of the data in the ACR depends not only on careful coding, but also on the consistency of the decisions made in the field by clinicians and CRCs. The extent of these differences has not been documented, but it increases the variability in the types of cases entered into the registry. This variability cannot be currently measured by the data in the ACR.

A third limitation is that of missing data, shared by all data bases in which case information is incomplete or incorrectly recorded. When some element of information is

missing or in error, such as age or sex, that case is effectively lost for that data element, but not for other elements. As a result, the numbers of events are different. The total number of cases may be different from the number of cases in which an age is reported.

SUMMARY AND CONCLUSIONS

The cases of child abuse and neglect which occurred prior to 1989 (24,710) constituted approximately 47.5% of the total number of cases in the ACR. From 1989 to 1995, there were 27,331 cases, or an average of about 3,900 cases per year of all types of child abuse and neglect. Subsequent incidents comprised about 6% of the initial substantiated cases; the proportion of re-opened cases was about 4% of the initial substantiated cases.

When the two types of child abuse which are potentially the most damaging to children were examined, it was found that the cases of child sexual abuse declined from 12% of all initial victim reports to 7.2% of subsequent incidents and 8.5% of re-opened cases. Cases of major physical abuse declined only slightly. It is important to examine why this change occurs in one type of cases, but not in the other.

When the type of treatment of all victims was examined, it was found that the percentage of children who required inpatient treatment increased from 5.3% to 8.9% which suggests that case severity does increase in some of the subsequent incidents. The type of case involved in these incidents will be a subject of further study. About 34-38% of all cases required either inpatient or outpatient medical treatment, 4-9% for inpatient care and 28-30% for outpatient care.

The black race is over-represented in both victims and offenders. In 1995, black soldiers represented 27.9% of the married Army. The racial mix of spouses generally mirrors that of active duty soldiers. Blacks are over-represented by about 5% for initial incidents, while whites are under-represented by about 3%.

The influence of substance abuse of offenders on child abuse and neglect cases is unclear due to the high percentage of cases in which that influence is unknown (about 20.6%). Approximately 71% of initial cases had no reported offender substance involvement. Of the cases that did involve substance abuse, alcohol (7.2%) was much more likely to be involved compared to drugs (0.8%) or a combination of drugs and alcohol (0.7%). While the amount of substance involvement was small in the total number of cases, it is important to determine if there is a particular type of case in which substance abuse is more likely to occur.

There were only minor differences in the sex of the victims. Men were 58.9% of the initial offenders whereas this decreased to 51.9% for subsequent incidents and 51.4% for re-opened cases. While this difference was only 6-7%, it remains to be demonstrated where these differences occurred and whether they may have implications for treatment and prevention.

There were many sources of referral and these were relatively constant for the three types of cases examined here (initial, subsequent, and re-opened). The only deviation from this consistency was that the rate of medical and dental referrals decreased for re-opened cases. It will be important to check to determine if these re-opened cases are more or less serious medically than the initial cases.

Cases were about 10% more likely to be reported from on-post locations while the victim residence was only about 6% more likely to be on-post. Thus while more cases were reported as being on-post, the difference between the on and off-post reports is not substantial and may be due to differences in military and civilian laws or the differences in enforcement, particularly for neglect cases.

G L O S S A R Y

Case Review Committee (CRC) - A multidisciplinary team supervised by the medical treatment facility (MTF) commander. The chair of the CRS is ordinarily the Chief of the Social Work Service. The purpose of the CRC is to coordinate the medical, legal, and other forms of intervention and determine whether an incident is substantiated and becomes a treatment case or is not substantiated and receives no further official follow-up. This coordination is normally done by the Social Work Service of the MTF. The CRC is not a public meeting and membership is limited to those prescribed in the regulation (approximately 10-15 people). Members must have supervisory or functional responsibility for some aspect of prevention, reporting, identification, investigation, diagnosis, or treatment of child and spouse abuse.

Child - An unmarried minor, whether a biological child, adopted child, foster child, stepchild, or ward of a military member or a civilian for whom treatment is authorized in a military medical facility of the military services, who is under the age of 18 years or is incapable or self-support because of mental or physical incapacity.

Civilian Social Services - Normally the county child protective services of the jurisdiction in which the family of the victim and offender reside.

Closed Case - If there is no incident within a year's time, the case is normally closed.

Deprivation of Necessities (Neglect) - Involves inattention to the child's minimal needs for nurturing, food, clothing, shelter, medical and dental care, safety or education. A finding of neglect is normally appropriate where a child under the age of 9 is left unattended (or left attended by a child under the age of 12). A finding of neglect is also appropriate when a child, regardless of age, is left unattended under circumstances involving potential or actual risk to the child's safety or health.

Emotional Abuse - Emotional abuse involves a pattern of active, intentional berating, disparaging, or other abusive behavior toward the victim that may not cause observable injury. Emotional neglect involves passive or passive-aggressive inattention to the victim's emotional needs, nurturing, or psychological well-being.

Initial Substantiated Case - A case that has been fully investigated and for which the preponderance of the available information indicates that abuse or neglect occurred.

Major Physical Abuse - A type of maltreatment that refers to physical acts that caused or may have caused physical injury to the victim. It includes injuries to a child such as brain damage or skull fracture, subdural hemorrhage or hematoma, bone fracture, shaking or twisting of infants and young children, dislocations, internal injury, poisoning, burns or scalds, severe cuts, lacerations, extensive and multiple bruises or welts, or other physical injury that seriously impairs the health or physical well-being of the victim.

Minor Physical Abuse - Minor physical abuse injuries include cuts, bruises or welts, sprains, or other shaking or twisting incidents that do not result in injury that impairs the health or physical well-being of the victim.

Re-opened Case - Another substantiated incident of abuse occurs after the case has been closed.

Sexual Abuse - Child sexual abuse is the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in or having a child assist any other person to engage in any sexually explicit conduct or any simulation of such conduct. The definitions of child sexual abuse include, but are not limited to, the following: exploitation, rape, carnal knowledge, sodomy, molestation/indecent acts, and incest.

Subsequent Incident - A substantiated incident of child abuse or neglect that occurs while the initial substantiated incident is still open.

APPENDIX

This Appendix contains tables of comparisons of the most important variables between initial substantiated cases, subsequent cases, and re-opened cases.

Table 1. Sources of Child Abuse or Neglect Referrals

Source of Referral	Percentage of Initial Referrals	Percentage of Subsequent Referrals	Percentage of Re-opened Referrals
Law enforcement	22.8	21.8	22.0
Civilian social services	20.8	25.4	26.6
Medical and dental	18.3	18.2	13.3
Child care/school/rec center	11.8	9.7	13.9
Neighbor/friend	8.9	8.9	10.2
Other	9.7	9.0	8.1

Table 2. Type of Maltreatment

Type of Maltreatment	Percentage of Initial Cases*	Percentage of Subsequent Cases*	Percentage of Re-opened Cases*
Major physical abuse	4.9	4.4	3.0
Minor physical abuse	37.5	27.7	38.1
Sexual maltreatment	12.0	7.2	8.5
Deprivation of necessities	43.9	54.1	47.4
Emotional maltreatment	7.1	10.8	10.0

*Percentages add to more than 100% because the number of incidents is compared to the total number of child abuse and neglect cases in each category and not the number of different abuse incidents.

Table 3. Ages of Child Victims

Age Group	Percentage of Initial Cases	Percentage of Subsequent Incidents	Percentage of Re-opened Cases
<1	11.0	9.3	1.9
1-2	19.7	21.4	14.8
3-5	25.2	25.8	24.4
6-8	19.6	18.5	24.7
9-11	12.0	12.1	17.7
12-14	8.5	8.2	9.9
15-17	4.0	4.6	6.7

Table 4. Sex of Child Abuse or Neglect Victims

Sex of Victim	Percentage in Initial Cases	Percentage in Subsequent Cases	Percentage in Re-opened Cases
Males	50.2	49.2	49.0
Females	49.8	50.8	51.0

Table 5. Race of Victims

Race of Victim	Percentage in Initial Cases	Percentage in Subsequent Cases	Percentage in Re-opened Cases
White	56.6	60.1	60.6
Black	33.4	30.3	28.9
Hispanic	6.4	5.8	6.1
Asian	3.2	3.4	3.8
American Indian	0.5	0.3	0.6

Table 6. Types of Treatment Provided to Victims

Type of Treatment	Percentage of Initial Cases	Percentage of Subsequent Cases	Percentage of Re-opened Cases
Social services	89.7	90.0	91.8
Medical outpatient	28.0	29.1	30.0
Medical inpatient	5.3	8.9	4.0

Table 7. Age Distribution of Child Abuse and Neglect Offenders

Offender Age Group	Percentage of Initial Cases	Percentage of Subsequent Incidents	Percentage of Re-opened Cases
3-11	0.5	0.3	0.3
12-14	1.3	0.5	0.8
15-17	1.2	0.6	0.5
18-21	9.1	10.9	5.1
22-26	29.4	30.5	24.8
27-31	27.7	27.8	29.0
32-36	19.4	18.5	23.8
37-41	8.5	8.8	12.3
42-46	2.1	1.7	2.5
47-51	0.4	0.2	0.5
52-65	0.2	0.1	0.4

Table 8. Sex of Offender

Sex of Offender	Percentage of Initial Cases	Percentage of Subsequent Cases	Percentage of Re-opened Cases
Males	58.9	51.9	51.4
Females	41.1	48.1	48.6

Table 9. Race of Offender

Race of Offender	Percentage of Initial Cases	Percentage of Subsequent Cases	Percentage of Re-opened Cases
White	56.4	60.6	60.3
Black	33.1	29.8	28.6
Hispanic	6.4	5.3	5.5
Asian	3.5	4.0	5.0
American Indian	0.6	0.4	0.5

Table 10. Marital Status of Offender

Marital Status of Offender	Percentage of Initial Cases	Percentage of Subsequent Cases	Percentage of Re-opened Cases
Single	7.7	6.7	6.9
Married	84.7	84.4	82.4
Separated or Divorced	7.4	8.8	10.7

Table 11. Substance Involvement of Offenders

Substance Involvement	Percentage of Initial Cases	Percentage of Subsequent Cases	Percentage of Re-opened Cases
Alcohol	7.2	8.1	8.2
Drugs	0.8	0.9	0.4
Alcohol and drugs	0.7	0.7	0.6
Unknown	20.6	28.1	25.3
No involvement	70.8	62.3	65.4

Table 12. Location Where Incident Occurred

Incident Occurred	Percentage of Initial Cases	Percentage of Subsequent Cases	Percentage of Re-opened Cases
On-Post	54.8	55.6	56.8
Off-Post	45.2	44.4	43.2

Table 13. Location of Victim Residence

Victim Resides	Percentage of Initial Cases	Percentage of Subsequent Cases	Percentage of Re-opened Cases
On-Post	53.1	55.5	56.8
Off-Post	46.9	44.5	43.2

Table 14. Military and Civilian Actions Following Initial Substantiated Child Abuse and Neglect Cases

Action Involved	Percentage of Total Military Actions	Percentage of Total Civilian Actions
Medical	29.6	12.4
Family Services	47.7	60.0
Police Investigation	17.5	19.4
Court Involvement	1.8	8.2
Administrative Action	3.3	NA

Table 15. Military and Civilian Actions Following Subsequent Incidents of Child Abuse and Neglect

Action Involved	Percentage of Total Military Actions	Percentage of Total Civilian Actions
Medical	33.4	12.2
Family Services	40.1	56.4
Police Investigation	21.0	16.7
Court Involvement	1.9	14.6
Administrative Action	3.6	NA

**Table 16. Military and Civilian Actions Following Re-opened Cases
of Child Abuse and Neglect**

Action Involved	Percentage of Total Military Actions	Percentage of Total Civilian Actions
Medical	33.0	9.6
Family Services	44.3	63.0
Police Investigation	17.8	16.6
Court Involvement	1.5	10.8
Administrative Action	3.4	NA